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CONFIRMATION NO. 9697

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | |
|--|---|---------------------|--------------------|---|-----------------------|
| 10/692,724 | 10/27/2003 | 424 | 1657 | 102258.170 US3 | |
| RULE | | | | | |
| APPLICANTS Joseph Loscalzo, Dover, MA; Joseph A. Vita, Hingham, MA; Michael D. Loberg, Boston, MA; Manuel Worcel, Boston, MA; | | | | | |
| ** CONTINUING DATA ***** This application is a CIP of 10/679,257 10/07/2003 PAT 7,556,824 which is a DIV of 09/697,317 10/27/2000 PAT 6,635,273 which claims benefit of 60/179,020 01/31/2000 and claims benefit of 60/162,230 10/29/1999 This application 10/692,724 10/27/2003 is a CON of 10/687,706 10/20/2003 PAT 7,537,785 which is a CON of 10/415,136 04/25/2003 PAT 7,235,237 which is a 371 of PCT/US01/14245 05/02/2001 which is a CIP of PCT/US00/29582 10/26/2000 which claims benefit of 60/179,020 01/31/2000 and claims benefit of 60/162,230 10/29/1999 | | | | | |
| ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 02/20/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /KAILASH C SRIVASTAVA/ Acknowledged <u>Examiner's signature</u> | <input type="checkbox"/> Met after Allowance MA | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| | | MA | 3 | 36 | 1 |
| ADDRESS WILMERHALE/NITROMED 1875 PENNSYLVANIA AVE, NW WASHINGTON, DC 20006 UNITED STATES | | | | | |
| TITLE Methods of treating vascular diseases characterized by nitric oxide insufficiency | | | | | |
| FILING FEE RECEIVED 529 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit | |